

Date: January 12, 2011

CRITERIA FOR PRIOR AUTHORIZATION

Methadone

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) at doses above 200mg per day require prior authorization:
Methadone

CRITERIA: (Must meet one of the following)

1. Patient is terminally ill.

OR

2. Patient has a diagnosis of cancer.

OR

3. Must meet all of the following:
 - a. Patient is taking no other long-acting opioid agents.
 - b. All narcotic analgesics are prescribed by a single KMAP enrolled Prescriber or Practice.
 - c. Patient does not have a diagnosis of opioid or other substance abuse within the past year.
 - d. Patient has signed a treatment agreement with the Prescriber

RENEWAL CRITERIA: (must meet initial prior authorization criteria in addition to the following)

- No more than one early refill in the prior three months unless proper documentation from the prescriber that the patient's dose was being titrated during this period is provided.

Prior Authorization will be approved for three (3) months.